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August 26, 2003

Date:	August 26, 2003	PAGES: 14 (including cover)
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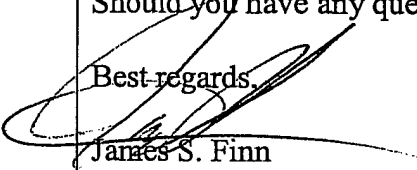
(# Pages includes Cover)

Dear: Examiner Trieu

Thank you for taking the time to speak with Mark Roberts, of Time Domain, and myself today. As we discussed, please find enclosed the response with claim amendments which replace the term "fixed" with "reference" in claim 1 and claim 19.

Should you have any questions regarding the amendment, please do not hesitate to contact me.

Best regards,

  
James S. Finn  
Reg. no. 38,450

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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/511,991	
	Filing Date	2/24/2000	
	First Named Inventor	Taylor et al.	
	Art Unit	2632	
	Examiner Name	Van Trieu	
Total Number of Pages In This Submission	13	Attorney Docket Number	Time.43/JSF04-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	James S. Finn	
Signature		
Date	8/26/2003	

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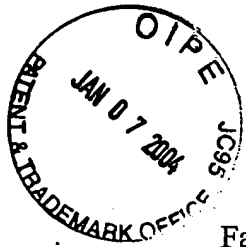
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# **FAX CERTIFICATION**

Fax Date and Time: 08/26/2003, 11:45  
Fax number: 703-746-6070

Response to Office Action dated 05/30/2003 for:

Serial Number: 09/511,991

Docket: T.43/JSF04-0001

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